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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonapplications under 37C.F.R. §1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

Attorney Docket No. **PC10343D**First Inventor **Graham Nigel Maw**Title **Compounds For The Treatment Of Female Sexual Dysfunction**Express Mail Label No. **EV 398059902 US**ADDRESS TO: **Mail Stop Patent Application  
Commissioner for Patents  
Box 1450  
Alexandria, VA 22313-1450**

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
3. <input checked="" type="checkbox"/> Specification [Total Pages <u>180</u> ] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>	a. <input type="checkbox"/> Computer Readable Copy (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets <u>13</u> ]	b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input checked="" type="checkbox"/> CD-ROM or CD-R (2 copies)</li> <li>ii. <input checked="" type="checkbox"/> Paper</li> </ul>
5. <input checked="" type="checkbox"/> Oath or Declaration [Total pages <u>3</u> ] a. <input type="checkbox"/> Newly executed (original or copy)	c. <input checked="" type="checkbox"/> Statement verifying identity of above copies
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul>	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
6.. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
18. If a <b>CONTINUING APPLICATION</b> , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.	11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
<input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
Prior application information: Examiner <u>Lauren Q. Wells</u> Group/Art Unit: <u>1617</u>	
For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts	

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number	<u>28523</u>	or <input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

NAME (Print/Type)	<u>Arlene K. Musser</u>	Registration No. (Attorney/Agent)	<u>37,895</u>
Signature	<u>Arlene K. Musser</u>	Date	<u>10/15/03</u>

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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17510 U.S. PTO  
10/15/03  
10/686282



# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment (\$ 2208.00)

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money  Other  None  
Order
 Deposit Account:Deposit Account Number  
Deposit Account Name

16-1445

Pfizer Inc

## The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	375	Utility filing fee	770
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	filing fee	

Subtotal (1) \$ 770

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	36	- 20 =	16	18 = 288
Independent Claims	13	- 3 =	10	86 = 860
Multiple Dependent			290	290

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	42	Independent claims in excess of 3
1203	290	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue independent claims over original patent

SUBTOTAL (2) (\$ 1438.00)

\*Reduced by Basic Filing Fee Paid

Subtotal (3)

(\$)

## SUBMITTED BY

(Complete if applicable)

Name (Printed/Type)	Ariene K. Musser	Registration No.	37,895	Telephone	860-715-0871
Signature	Ariene K. Musser			Date	10/15/03

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 137 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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